

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90576 046 ***150.00

DOCUMENT # P95000055080

1. Entity Name

MADISON LAKES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE WOODBRIDGE CTR DR.

3. Mailing Address

ONE WOODBRIDGE CTR DR.

Suite, Apt. #, etc.

STE. 610

Suite, Apt. #, etc.

STE. 610

DO NOT WRITE IN THIS SPACE

City & State

WOODBIDGE, NJ

City & State

WOODBIDGE, NJ

4. FEI Number

65-0609213

Applied For

Not Applicable

Zip

07097

Country

USA

Zip

07097

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PINKWASSER, ALAN

Street Address (P.O. Box Number is Not Acceptable)
8231 MUIRHEAD CIRCLE

City

BOYNTON BEACH

FL

Zip Code

33437

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARK FISCH
STREET ADDRESS	ONE WOODBRIDGE CENTER DR.
CITY - ST - ZIP	WOODBIDGE, NJ 07095

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	V
NAME	ERWIN FISCH
STREET ADDRESS	ONE WOODBRIDGE CENTER DR.
CITY - ST - ZIP	WOODBIDGE, NJ 07095

TITLE	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Erwin Fisch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #